Fill	in this information to	identify your ca	ase:			
De	btor 1	Barry W. Ku	tz			
1	btor 2 buse, if filing)	Nancy Kutz				
Un	ited States Bankrupt	cy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		
	se number 18-7	15867				
0	fficial Form	106I			MM / DD/ \	
S	chedule I: \	our Inc	ome		IVIIVI / DD/	12/15
Pa	ch a separate shee	t to this form.				ouse. If more space is needed, known). Answer every question.
1.	Fill in your emplo information.	yment		Debtor 1	Debtor 2	2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work.		Employment status Occupation	■ Employed □ Not employed	■ Empl	oyed mployed
			Employer's name		County	of Northampton
	Occupation may in or homemaker, if it		Employer's address			
			How long employed to	here?		
Pa	rt 2: Give Deta	ails About Mor	thly Income			
	imate monthly inco use unless you are s		ate you file this form. If	you have nothing to report for an	y line, write \$0 in the	space. Include your non-filing
	ou or your non-filing s e space, attach a se			ombine the information for all em	ployers for that perso	on on the lines below. If you need
					For Debtor 1	For Debtor 2 or non-filing spouse

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

 2.
 \$ 3,900.00
 \$ 2,736.72

 3.
 +\$ 0.00
 +\$ 0.00

 4.
 \$ 3,900.00
 \$ 2,736.72

Official Form 106I Schedule I: Your Income page 1

Debtor 1 Debtor 2		Barry W. Kutz Nancy Kutz		Case	e number (<i>if kno</i>	own)	18-15867				
Cor		py line 4 here			Fo \$	For Debtor 1 \$ 3,900.00		For Debtor			
		*			· –		<u> </u>				-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5		\$_	809		\$		551.74	-
	5b.	Mandatory contributions for retirement plans		b.	\$_		.00	\$		0.00	-
	5c.	Voluntary contributions for retirement plans	50		\$_		.00	\$		136.83	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	50	a. e.	\$_ \$.00	\$		0.00 116.31	-
	5f.	Domestic support obligations	5f		\$ _		.00	\$ 		0.00	-
	5g.	Union dues	59		\$ _		.00	\$		41.04	-
	5h.	Other deductions. Specify: Deferred Comp.		ь. h.+	\$.00	· · · · · · · · · · · · · · · · · · ·		54.17	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$	809	.68	\$		900.09	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,090	.32	\$	1,	836.63	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a.	\$	0	.00	\$		0.00	
	8b.	Interest and dividends	81	b.	\$	0	.00	\$		0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$_		.00	\$		0.00	-
	8d.	Unemployment compensation	80		\$_		.00	\$		0.00	_
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f	f.	\$_ \$_		.00	\$ \$		0.00	-
	8g.	Pension or retirement income	8(_	\$_		.00	\$		0.00	-
	8h.	Other monthly income. Specify:	_ 81	h.+	\$_	0	.00	+ \$		0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	1,465	.68	\$		0.00)
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		4,556.00	+ \$	1.8	36.63	= \$	6,392.63
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				1,000.00					0,002.00
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	dep			, ,		,	chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$	6,392.63
									·	Combin	
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?							monthi	y income
		Yes. Explain:									